

# SECURITIES TRANSACTION REQUEST

Assigned by Dept. of Insurance

- ☐ General Deposit (940/955) State  
☐ Workers Compensation (11691)  
☐ Other (Specify) \_\_\_\_\_

Securities Transaction Unit Hotline (916) 492-3412

Company Name	
--------------	--

Request Number
Assigned by Dept. of Insurance

BANK INFORMATION FOR PRINCIPAL PAYMENT (CASH)	
Bank Name	
Bank ABA # (9 digit)	
Bank Account #	
FFC # (if applicable)	
Mailing Address	
Contact Name	
Telephone & Fax #	
Email Address	

AGENT INFORMATION FOR SECURITY RELEASE			
Agent Name			
Agent ABA # (9 digit)			
Agent Account #		FFC # (if applicable)	
DTC Broker Code		FED Broker Code	
Mailing Address			
Contact Name			
Telephone & Fax #			
Email Address			

SECURITIES TO BE WITHDRAWN						
Description of Securities If withdrawing stock, identify whether common or preferred.	Cusip / Serial / Certificate Number	Rate	Maturity Date	Par/Face Value	Market Value As of: _____	Deposit Value (Lower of Par or Market)
WITHDRAWAL GRAND TOTALS						

AUTHORIZATION	
COMPANY	DEPARTMENT OF INSURANCE
<p><b>MUST ALWAYS BE COMPLETED BY AUTHORIZED COMPANY OFFICER</b></p> <p>The statements contained herein are true and correct at _____ (city), State of _____ on the _____ day of _____, 20 ____</p> <p>NO CORPORATE SECURITIES NOW BEING DEPOSITED HAVE BEEN ISSUED BY ANY OF OUR AFFILIATED COMPANIES</p> <p>BY _____ Company Officer</p> <p>_____ Print Name and Title</p>	<p>REQUEST APPROVED</p> <p>FOR THE COMMISSIONER</p> <p>_____ Deputy Commissioner</p> <p>_____ Date</p>